

Date: 7/15/04

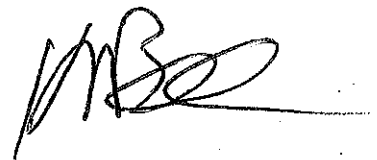
Unit: AE

To: Donald Moshier

Reg. #: 10924-052

Your case has been reviewed by our Utilization Review Committee and the decision was:

*approval for live biopsy*



H. BEAM, MD  
FCI MCKEAN

**FCI McKean**  
**Inmate Sick Call Sign-Up Sheet**  
 (Formulario y Registro para Atencion Medica de Confinados)

**INSTRUCTIONS**

You must fill out this form completely, numbers 1-9:

(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: Donald Moshier  
(Nombre)
2. Reg. Number: 10924-052  
(Numero de Registro)
3. Date: 4/21/04  
(Fecha)
4. Housing unit and Unit Team: ATB TEAM: A B C D  
(unidad y equipo de la unidad)
5. Complaint, What is your problem? 0  
(Queja). (Cual es su problema?)  
\_\_\_\_\_  
\_\_\_\_\_
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_  
(Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria?)  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Signature \_\_\_\_\_  
(Firma)

**TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:**

10. Date seen: you misseel your appointment this
11. Time seen: Am. I'll reschedule you
12. Subjective: for 5/19/09 @ 0930 #104  
order now later in the  
meanings
13. Objective: Temp: \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
14. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_
15. Triage Personnel's Signature: [Signature]

**H. BEAM, MD**  
**FCI MCKEAN**

000401

P-S148.055 INMATE REQUEST TO TAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>4/6/04</i>
FROM: <i>DONALD C Moshier JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>med CNAIGNED</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*First off I need to know when I'll be seeing you this month  
also when will I have another ALT AND OR A VIRAL LOAD TEST DONE.  
also my medical CNAIGNED pass RUN OUT. NOW I need one today  
4/6/04, I'm not working, my BACK AND Hip Bothen me SO MUCH  
that I'm in pain constantly also I'm right now waiting for my  
Disability papers from S.S office, AND my lawyer plus I've  
been HAVING alot of pain in my RIGHT side, AND my piss  
is the color of Red tea, also my medication is RUN OUT  
NO more Refills, Tetracycline HCL 500 mg, AND Ranitidine 150 mg  
they BOTH RUN OUT ON the 15th of this month  
"Please Responce" THANK YOU*

(Do not write below this line)

DISPOSITION:

*Appointment 4/21/04  
OFF WORK SLIP - Done*

Signature Staff Member

*[Signature]*  
H. BEAM, MD  
FCI MCKEAN

Date

*4/6/04*

000402

Record Copy - File; Copy - Inmate

(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dil Beam</i>	DATE: <i>02/11/04</i>
FROM: <i>DONALD C MOSHIEN JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>med UN</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

~~WHEN~~ WHEN WILL I BE GETTING A VIRAL LOAD AND A LIVER BIOPSY DONE, I KNOW THAT YOU TOLD ME A COUPLE OF TIMES THAT I WOULD BE GETTING IT DONE, BUT SO FAR NOTHING, NOW I WAS JUST THERE TODAY AND HAD BLOOD DRAWN FOR A LIVER FUNCTION, BUT I'VE HAD THAT DONE ONCE ALREADY, WILL YOU PLEASE LET ME KNOW,  
PLEASE RESPOND. THANK YOU.

(Do not write below this line)

DISPOSITION:

If your "ALT" liver function test remains high over a period of time, then we proceed to viral load etc and liver biopsy. Patience.

Signature Staff Member <i>[Signature]</i>	Date <i>2/13/04</i>	<i>000403</i>
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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR Beam	DATE: 02/11/04
FROM: DONALD C MASHIEN JR	REGISTER NO.: 10924-052
WORK ASSIGNMENT: med unit	UNIT: AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to know if you could help me get a pair of boots that have tread on them because the one's I have don't have any and I slipped and hurt my back again, plus the boots I do have hurt my feet too, could you please help me, I know that they have some new boots over in laundry that have really good tread and a good arch in them, I wear a size 12 again please respond, and thank you.

(Do not write below this line)

DISPOSITION:

I have no control over which type of boot laundry hands out. If your feet need to be looked at, make a sickcall appointment.

Signature Staff Member

Date

2/13/04

000404

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>11/5/04</i>
FROM: <i>DONALD C MASHION JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>medical UNassigned</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*NOW THAT YOU SENT ME A PAPER SAYING THAT I CAN AND WILL BE VACCINATED AGAINST HEP A OVER TWO WEEKS AGO, I'M WONDERING NOW IF AND WHEN I'M GOING TO RECEIVE THIS, OR IS IT JUST ANOTHER DELAY TACTIC OR BRUSH OFF OR SO THAT YOUR RECORDS LOOK GOOD EVEN THOUGH NOTHING IS REALLY BEING DONE, OR CAN YOU PLEASE GIVE ME A TIME AND DATE WHEN I'LL RECEIVE THE HEP A VACCINATION, ALSO I WOULD LIKE TO KNOW WHEN I'LL BE ABLE TO COME AND TALK TO YOU, BECAUSE I'M REALLY FEELING POORLY, THIS IS NOT NO JOKE TO ME, THIS IS MY LIFE I'M TALKING ABOUT, AND I STILL HAVE 9 YEARS LEFT TO DO IN PRISON BEFORE I CAN SEEK REAL MEDICAL HELP, WHY I SAY THAT IS BECAUSE I STILL DON'T FEEL LIKE I'M GETTING ANY IN MCKEAN PRISON. PLEASE RESPOND TO THIS A.S.A.P. THANK YOU.*

(Do not write below this line)

DISPOSITION:

- We talked at mainline today*
- You will receive the Hep A vaccine as soon as it arrives through the pharmacy*
- Your next chronic care visit should be 1/23/03 @ 12<sup>00</sup>*

Signature Staff Member

*DR Beam*

Date

*1/6/04*

000405

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



**FCI McKean**  
**Inmate Sick Call Sign-Up Sheet**  
 (Formulario y Registro para Atencion Medica de Confinados)

**INSTRUCTIONS**

You must fill out this form completely, numbers 1-9:  
 (Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: Donald moshier  
 (Nombre)
2. Reg. Number: 10924-052  
 (Numero de Registro)
3. Date: 12/22/03  
 (Fecha)
4. Housing unit and Unit Team: AB TEAM: A B C D  
 (unidad y equipo de la unidad)
5. Complaint, What is your problem?  
 (Queja). (Cual es su problema?)  
 \_\_\_\_\_  
 \_\_\_\_\_
6. How long have you had this problem?  
 (Durante cuante tiempo ha tenido este problema?)  
 Days \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_  
 (Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
 (Ha comprado medicinas non-prescripcion en la Comisaria?)  
 Yes \_\_\_\_\_ No \_\_\_\_\_
9. Signature \_\_\_\_\_  
 (Firma)

<b>TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL</b>
---

10. Date seen: We are ordering The hepatitis A
11. Time seen: vaccine and you will receive
12. Subjective: The Senior soon  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Objective: Temp: \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
14. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_
15. Triage Personnel's Signature: \_\_\_\_\_

*H. Beam*  
**H. BEAM, MD**  
**FCI MCKEAN**

000406

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>12/10/03</i>
FROM: <i>DONALD L Moshien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>NONE</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I'm Requesting To Be VACIDNATED For Hep A, you Have Already Did The Blood WORK To See if I've BEEN VACIDNATED For Hep A, AND I HAVE NOT I DO HAVE Hep C, SO I DO need TO Be VACIDNATED For Hep A, ASAP*

*PLEASE RESPOND*

(Do not write below this line)

DISPOSITION:

*I will present your request to  
The utilization review committee*

000407.

Signature Staff Member <i>[Signature]</i> <i>DR BEAM, MD</i> <i>DECI MCKEAN</i>	Date <i>12/10/03</i>
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This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>12/10/03</i>
FROM: <i>DONALD L Moshien SR</i>	REGISTER NO.: <i>10924 - 052</i>
WORK ASSIGNMENT: <i>NONE</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I WOULD STILL LIKE TO KNOW WHEN I'm GOING TO HAVE A LIVER BIOPSY DONE, SO I CAN BE TREATED FOR HEP C. I FEEL THAT I'm JUST BEING STALLED AND BEING TOLD THAT, DON'T WORRY YOU'LL BE TREATED, BUT STILL NOTHING IS BEING DONE WHATSOEVER. WILL YOU PLEASE LET ME KNOW WHY NOTHING IS BEING DONE AND WHY I'm BEING STALLED AND WHY I HAVE NOT HAD A LIVER BIOPSY DONE YET.*

*PLEASE RESPON*

(Do not write below this line)

DISPOSITION: *Bureau Hep C guidelines suggest monitoring The ALT & if it remains High, move to a liver biopsy. That is the stage you are at.*

Signature Staff Member

*DR Beam*  
H. BEAM, MD  
FCI MCKEAN

Date

*12/10/03*

000408

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

COPY 5 1 AND 2 of 3

BP-S148.055 INMATE REQU. I TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR Beam	DATE: 11/18/03
FROM: DONALD L MOSHIEN JR	REGISTER NO.: 10924-052
WORK ASSIGNMENT: medical UNASSIGNED	UNIT: AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I KNOW THAT YOU TOLD ME THAT I WOULD RECIEVE TREATMENT FOR MY HEP C. HOW EVER I WANT TO KNOW WHEN DO YOU PLAN ON GETTING A LIVER BIOPSY DONE AND A VIRAL LOAD HCV-RNA PCR, TO DETERMINE WHAT MY LEVEL OF THE VIRUS IS, ALSO A GENO TYPE, IS IT GOING TO BE IN A WEEK, MONTH, 6 MONTHS YEAR OR LONGER, PLEASE GIVE ME SOME DATES, BECAUSE I FEEL THAT THE CONSEN I'M PUT ON HOLD THE WORSE I'LL GET AND THEN WON'T BE TREATABLE, AND I HAVE THE FEELING THIS IS WHAT IS HAPPENING,

PLEASE RESPONSE.

(COPY 5 1 AND 2 of 3)

(Do not write below this line)

DISPOSITION:

I hit a snag getting your viral load done; we'll check LFT's for now. You will not miss the window of opportunity for treatment if you end up needing it. If you need it, it will happen

Signature Staff Member

IN Beam

H. BEAM, MD  
FBI MCKEES

11/18/03

000409

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

MOSHIER, Donald  
Reg. No. 10924-052  
MCK 314442-F2

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**PART B - RESPONSE**

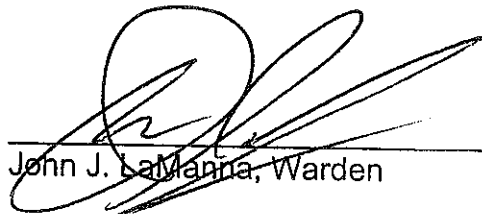
This is in response to your Request for Administrative Remedy receipted in my office on October 27, 2003, in which you claim deliberate indifference, and delay in proper medical treatment. Specifically, you request immediate treatment for hepatitis C.

An investigation of your complaint reveals you requested testing for hepatitis C, September 3, 2003, while at sick call. You reported a history of intravenous drug use and unprotected sex and the study was ordered. Your test returned positive for hepatitis C, September 16, 2003. You were placed on chronic care clinic and was evaluated by the medical officer October 16, 2003. Additional blood work was ordered during that visit. Once all lab work is complete, you will be treated following the guidelines for hepatitis C treatment set forth by the medical director of the Bureau of Prisons. There is no evidence of deliberate indifference or improper care.

Based on this information, your Request for Administrative Remedy is denied.

In the event that you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP-DIR-230 to the regional director.

11-14-03  
Date

  
\_\_\_\_\_  
John J. LaManna, Warden

LAU Sensitive

000410

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MOSHIER JR DONALD LEROY 03 OCT 03 04:47 PM 3-28  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I Reiterate AND Incorporate By Reference each AND every Allegation Heretofore made as set forth in my BP-8 Further more making it clearly obvious I HAVE COMPLAINED THAT I'm in pain THAT effects my daily FUNCTIONS, Flu Like Symptoms muscle AND JOINT pain Fatigue pain under my right Rib AND URINE THAT HAS BEEN AS DARK AS COFFEE. RATHER THEN call me down for a complaint. Just TO determine what's wrong - I'm put off for 2 weeks - if I had a COLD I'd be seen in 1 week something serious like this AND I'm delayed. This is Deliberate Indifference to a serious medical need A violation of my 8th AND 14th amendment guaranteed by the Constitution! I Request to experience NO more delays - TO HAVE A Liver Biopsy done a Liver profile AND TO be vaccinated for Hepatitis A

10/8/03  
DATE

Donald C Moshier Jr  
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 314442

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

000411

ADMINISTRATIVE REMEDY PROCEDURE FOR INMATES  
INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Before filing a BP-9 ("Request for Administrative Remedy"), you MUST attempt to informally resolve your complaint through your Correctional Counselor. Briefly state your complaint in "1" below and in "2" list what efforts you have made to informally resolve the complaint (state names of staff contacted).

This Informal Resolution Form was issued by MORELLO, Correctional Counselor, on  
To:

INMATE: Donald L Moshier SR REG. NO. 10924-052 QUARTERS: A/B

1. COMPLAINT: SINCE I've BEEN HERE AT FCI MCKEAN, I HAVE BEEN COMPLAINING TO MEDICAL THAT I HAVE HEPATITIS C. IT'S BEEN MORE THEN A YEAR NOW AND FINALLY THEY've GIVEN ME A BLOOD TEST THAT CONFIRMS WHAT I've BEEN TELLING THEM, MEDICAL AT FCI MCKEAN HAS FAILED TO FOLLOW - CONT. NEXT 300

2. EFFORTS MADE TO INFORMALLY RESOLVE & STAFF CONTACTED: TALKED TO NUMEROUS PA'S ABOUT MY HEPATITIS C, AND NEED TO BE MONITORED AND TREATED.

Donald L Moshier SR  
INMATE'S SIGNATURE

10924-052  
REG. NO.

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

## CORRECTIONAL COUNSELOR'S COMMENTS

DATE RECEIVED FROM INMATE: 10-2-03

EFFORTS MADE TO INFORMALLY RESOLVE & NAMES OF STAFF CONTACTED: DR. BEAM WAS CONTACTED AND CONFIRMED THAT YOU HAVE HEPATITIS C. YOU HAVE BEEN SCHEDULED TO BE EXAMINED ON 10/16/03 @ 1230. YOU ARE TO BE REASSURED THAT IF YOU DO, IN FACT, NEED TREATMENT, YOU WILL RECEIVE IT.

DATE ( ) INFORMALLY RESOLVED or ( ) BP-9 ISSUED (check one): \_\_\_\_\_

J. Morello 10-03-03  
COUNSELOR'S SIGNATURE

DISTRIBUTION: A. IF INFORMALLY RESOLVED: Forward original to Warden (Attention: Warden's Secretary)  
B. IF BP-9 ISSUED: Forward original (attached to BP-9) to Warden (Attention: Warden's Secretary).

CODE MUST BE SUPPLIED BY DEPARTMENT HEAD OR DESIGNEE BEFORE GIVING TO WARDEN'S SECRETARY

CODE: \_\_\_\_\_

000412

CONTINUED FROM PAGE (1) THE BOP'S POLICY BY PLACING ME ON CHRONIC CARE AND BY MONITORING MY BLOOD PERIODICALLY TO THIS DATE THEY STILL HAVEN'T GIVEN ME A LIVER PROFILE TEST TO SEE WHAT MY ALT LEVELS ARE. THERE PURPOSELY DELAYING / AVOIDING WORKING UP LAB TESTS SO THEY DON'T HAVE TO TREAT ME. ALLOWING MY DISEASE TO PROGRESS, I AM IN PAIN THAT EFFECTS MY DAILY FUNCTIONS. "CONSTANTLY FEEL LIKE I HAVE THE FLU MUSCLE AND JOINT PAIN, FATIGUE, AND PAIN UNDER MY RIGHT RIB - SOMETIME MY URINE IS AS DARK AS COFFEE. THERE'S AN FDA APPROVED TREATMENT FOR THIS DISEASE - THIS DISEASE CAN BE FATAL YET THE BOP AT FCI MCKEAN ARE DOING NOTHING FOR ME. I AM IN FEAR OF MY LIFE BECAUSE THEY ARE TAKING NO INTEREST WHAT SO EVER, AND ARE NOT OFFERING ME THIS TREATMENT - ALSO I HAVE REQUESTED TO BE VACCINATED AGAINST HEPATITIS A - BUT AM BEING DENIED.

Request - Treatment to begin with out anymore delays - to have a liver biopsy to see what stage of the disease I've progressed to AND to see if I qualify for treatment AND to be vaccinated for Hepatitis A.

DONALD LeROY MOSTHER JR.  
Reg# 10924 - 052  
Donald LeRoy Mosther Jr





# FEDERAL BUREAU OF PRISONS

## m e m o r a n d u m

FCI McKean, Pennsylvania

DATE: November 5, 2003

REPLY TO: *Rose*

ATTN. OF: Rosemary Dean, Warden's Secretary

SUBJECT: Administrative Remedy (BP-9)  
MCK 314442-F2

TO: Rodney Smith, HSA

Please investigate the attached Request for Administrative Remedy (BP-9) filed by inmate **MOSHIER, Donald, Reg. No. 10944-052**. Route your response through your associate warden and the camp administrator/legal liaison. Your response is due in the warden's office no later than **November 12, 2003**.

000414

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>10/29/03</i>
FROM: <i>DONALD L MASHIEN SR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>NONE</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*DO TO MY HEP C, AND THE WAY I'VE BEEN FEELING SICK AND FATIGUE, I'M ASKING YOU TO GIVE ME A MEDICAL RELIEVE FROM HAVING TO HAVE A JOB. I HAVE A VERY BAD BACK ALSO MAYBE IN A YEAR OR SO I'LL BE ABLE TO WORK SOME WHERE ONCE I'M RECEIVING TREATMENT. NOW EVEN I WAS A ORDERLY EXTRA FOR A/B UNIT, BUT MR MORELLO HAS DECIDED TO MAKE A NEW RULE OF HIS OWN, AS TO WHERE NO ONE CAN BE A ORDERLY IF THEY COME OUT OF THE BOX. NOW IF YOU WILL NOT GIVE ME THIS MEDICAL LIEVE, I GUESS I'LL HAVE TO GO TO THE BOX UNTIL I'M BETTER, SO WILL YOU PLEASE HELP ME, PLEASE RESPOND ASAP. THANK YOU VERY MUCH*

(Do not write below this line)

DISPOSITION:

*I'll put you on idle until your next chronic care clinic & we can go from there - when can you go back to being an orderly?*

Signature Staff Member

Date

*[Signature]**10/31/03*

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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

000415



BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>10/15/03</i>
FROM: <i>Donald L Mashien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I request a copy of my lab results that was taken on 10/10/03 also a complete copy of all my medical records. please respond*

(Do not write below this line)

DISPOSITION:

See attached  
22 pages

FCI McKean

Signature Staff Member <i>T. Pelton</i>	Date <i>10/21/03</i>	000416
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>Donald C Moshien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Request A GENO Type test done to Determine what GENO Type of HCV I HAVE SO AN INFORMATIVE Session CAN Be made ON How to Treat my Disease.. please Respond*

(Do not write below this line)

DISPOSITION:

*Recd 10/16/03  
With order*

Signature Staff Member

*H. Beam MD  
FCI McKEAN*

*10/16/03*

000417

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>Donald C Moshien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Request at this time to Be VACCINATED according to BOP Policy for Hepatitis A, AS I HAVE CHRONIC HCV  
Please Respond*

(Do not write below this line)

DISPOSITION:

*seen 10/16/03  
will check for previous  
Hep A & B infections if  
immunization needed  
will arrange*

Signature Staff Member

Date

*IMB**10/16/03*

000418

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

H. BEAM, MD  
FCI MCKEAN

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>DONALD L MASHIEN JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Request A Viral Load HCV-RNA - PCR TO determine what my level of the virus is. Because patients with a low viral load respond better to HCV therapy with Interferon & Ribivirin*

*PLEASE Respond*

(Do not write below this line)

DISPOSITION:

*seen 10/16/03  
will order*

Signature Staff Member

*H. BEAM, MD*  
*FCI MCKEAN*

Date

*10/16/03*

000419

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94





BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>DONALD L Moshien Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra order only</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Request A Liver Biopsy To Determine The Health of my Liver, SO AN INFORMATIVE EVALUATION ON MY CONDITION (HCV) CAN BE MADE, AS IF WEATHER TO TREAT RIGHT AWAY - ALT LEVELS ONLY CAN PREDICT INFLAMATION AT THE TIME OF THE BLOOD TEST - CAN'T PREDICT IF A PATIENT HAS FIBROSIS OR CIRRHOSIS.  
(Please Respond)*

(Do not write below this line)

DISPOSITION:

*seen 10/16/03  
if needed will be done  
preparatory work in progress*

Signature Staff Member

Date

*HB**H. BEAM, MD  
FCI MCKEAN**10/16/03*

000420

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>DONALD C MASHIEN JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra on duty</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Request that you schedule me with psychology  
for clearance to treat my HCV Disease.  
Please Respond.*

(Do not write below this line)

DISPOSITION:

*Seen 10/16/03**Will arrange - watch the Callouts*

Signature Staff Member

*H. Beam*

Date

*10/16/03*

000421

Record Copy - File; Copy - Inmate

(This form may be replicated via W. BEAM, MD  
FCI MCKEANThis form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
 SEP 98  
 U.S. DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR. Beam</i>	DATE: <i>10/2/03</i>
FROM: <i>DONALD C Moshien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I HAVE Hepatitis C.*  
*Request to be VACCINATED*  
*AGAINST Hepatitis A*  
*PLEASE RESPOND*

(Do not write below this line)

## DISPOSITION:

*From the envelope it looks like this  
 got sent somewhere other than to  
 medical. I'll see you on call out  
 soon and start talking about Hep C  
 and what needs to be done about  
 it.*

Signature Staff Member

*DR. Beam*

Date

*10/8/03*

000422

Record Copy - File; Copy - Inmate  
 (This form may be replicated via fax)

*H. BEAM, MD*  
*FBI MCKEAN*

This form replaces BP-148.070 dated Oct  
 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr. Smith, Hospital Administrator</i>	DATE: <i>9/28/03</i>
FROM: <i>DONALD L MOSHIER JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

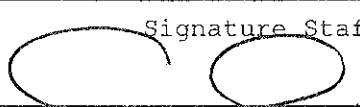
*I HAVE BEEN TESTED POSITIVE FOR HEPATITIS C. THIS EXPLAINS WHY I HAVE BEEN FEELING SICK ALL THE TIME. I REQUEST AT THIS TIME TO BE TREATED FOR THIS DISEASE WITH REGATED INTERFERON / RIBIVIRIN, ALSO THAT I BE PLACED ON CHRONIC CARE WITH NO MORE DELAYS AND HAVE MY BLOOD MONITORED REGULARLY. I HAVE BEEN FEELING SICK WITH PAIN UNDER MY RIGHT RIBS AND MY URINE HAS BEEN DARK BROWN AT TIMES. I ALSO REQUEST A LIVER PROFILE DONE AS SOON AS POSSIBLE. PLEASE RESPOND. THIS IS MY LIFE AND THIS DISEASE KILLS.*

*THANK YOU VERY MUCH  
Donald L Moshier Jr*

(Do not write below this line)

DISPOSITION:

*on clinic for three times  
10/16/03 @ 1230*

Signature Staff Member  HSA	FCI McKean Date <i>10-7-03</i>	000423
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Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR. BEAN</i>	DATE: <i>9/28/03</i>
FROM: <i>DONALD L MORTIMER JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I HAVE BEEN TESTED POSITIVE FOR Hepatitis C. THIS EXPLAINS WHY I HAVE BEEN FEELING SICK ALL THE TIME. I REQUEST AT THIS TIME TO BE TREATED FOR THIS DISEASE WITH PEGLATED INTERFERON / RIBIVIRIN, ALSO THAT I BE PLACED ON CHRONIC CARE WITH NO MORE DELAYS, AND HAVE MY BLOOD MONITORED REGULARLY. I HAVE BEEN FEELING SICK WITH PAIN UNDER MY RIGHT RIBS AND MY URINE HAS BEEN DARK BROWN AT TIMES. I ALSO REQUEST A LIVER PROFILE DONE AS SOON AS POSSIBLE. PLEASE RESPOND. THIS IS MY LIFE AND THIS DISEASE KILLS.*

*THANK YOU VERY MUCH.*

*Donald L Mortimer Jr.*

(Do not write below this line)

DISPOSITION:

*Watch the callouts for lab tests*

*You have an appointment on 10/16/03 @ 1230 and can talk then*

Signature Staff Member

*H. BEAM, MD  
FOI MCKEEN*

*9/30/03*

000424

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST, TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

Copy 1 of 2

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>9/22/03</i>
FROM: <i>DONALD C Moshien SR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Request copys of my last Blood tests,  
performed Here at FCI McKean,*

*Put in ON 9/22/03 at 2:30pm*

(Do not write below this line)

DISPOSITION:

*See Attached*

*2 pgs.*

Signature Staff Member <i>T. Pelton</i>	FCI McKean Date <i>9/25/03</i>	000425
--	-----------------------------------	--------

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

COPY 1 of 2

TO: (Name and Title of Staff Member) MR. DR. OLSON	DATE: 9/17/03
FROM: DONALD LEROY MOSHIER JR.	REGISTER NO.: 10924-052
WORK ASSIGNMENT:	UNIT: A/B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dr. Olson approximately 2 weeks ago I came in for bloodwork for a Hepatitis Test. I was told it would take approximately 6 to 8 days for the results to come in. As you can imagine I am concerned about the results and want to find out as soon as possible. I would appreciate your attention to what's happening with my results. Also I've been attempting to get a back brace for some time now. In addition I would like to formally request a copy of my complete medical record. Thank you for your attention and I await a response.

(Do not write below this line)

DISPOSITION:

You will be placed on callout to see Dr. Bean to discuss your lab tests

F. I. McKeen

Signature Staff Member



Date

9/18/03

000426

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

POST-TEST: Seronegative

10924-052  
Moshier

- ☒ 1. Explain purpose of session.
- ☒ 2. Review confidentiality.
- ☒ 3. Test Information
  - ☒ a. Inform patient of negative test result.
  - ☒ b. Explain purpose of test.
  - ☒ c. Identify remaining risks.
  - ☒ d. Explain inability of test to detect early infections. (false negatives)
- ☒ 4. Explain risk reduction behaviors (high risk)
- ☒ 5. Discussed follow-up testing (high risk)
- ☒ 6. Give additional education material if requested.
- ☒ 7. Patients Reactions/Level of Understanding/Comments

I understand the above information.

Daell Moshier  
Signature of Inmate

[Signature]  
Signature of Staff Counselor

4/30/03  
Date

\*\*\*\*\*  
Seropositive Post-Test Counseling  
\*\*\*\*\*

- ☐ 1. Confidentiality review.
- ☐ 2. Patient informed of results of test by physician.
- ☐ 3. Patient referred to the psychology department for follow-up counseling.

\_\_\_\_\_  
Signature of Inmate

\_\_\_\_\_  
Signature of Staff Counselor

\_\_\_\_\_  
Date

END FORM

000427

**FCI McKean**  
**Inmate Sick Call Sign-Up Sheet**  
 (Formulario y Registro para Atencion Medica de Confinados)

**INSTRUCTIONS:**

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald L Moshier Jr  
(Nombre)
2. Reg. Number: 10924 - 052  
(Numero de Registro)
3. Date: 11/27/02  
(Fecha)
4. Housing unit and Unit Team: A/B TEAM: A ☒ B C D  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem ?  
(Queja). (Cual es su problema?)  
I Have A Really Bad Cold  
Sore Throat, and Bad Gargill Heal sore.
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days 2 Months \_\_\_\_\_ Years \_\_\_\_\_  
Dias (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No X  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria? .  
Yes \_\_\_\_\_ No X
9. Signature Donald L Moshier Jr  
(Firma)

<b>TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:</b>
--

10. Date Seen: \_\_\_\_\_
11. Time Seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: Mon Dec 9th Appointment Time 8:30
14. Triage Personnel's Signature: [Signature]

000428

FCI McKean Health Svc.

FCI McKean

## Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

02 AUG 29 AM 11:00

## INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:

(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: DONALD C MOSHIER JR  
(Nombre)
2. Reg. Number: 10924-052  
(Numero de Registro)
3. Date: 8/28/02  
(Fecha)
4. Housing unit and Unit Team: A/B TEAM: (A) B C D  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?  
(Queja). (Cual es su problema?)  
MY EARS, I CAN'T EVEN HEAR OUT OF  
MY LEFT EAR NOW, AND THEY BOTH RING ALL THE TIME, AND HURT
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days 2 1/2 W. Months \_\_\_\_\_ Years \_\_\_\_\_  
Dias (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No X  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria?)  
Yes \_\_\_\_\_ No X
9. Signature: Donald C Moshier JR  
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: \_\_\_\_\_
11. Time Seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: 9/9/02 Appointment Time 10:30
14. Triage Personnel's Signature: [Signature]

000429

Specimen#	Type	Primary Lab	Report Status	Pg
283-844-2368-0	S	CB	Final	1
Time 0630				
Additional Information				
CD- 53099351380				
Patient Name		Sex	Age (Yr/Mos)	
MOSHIER, DONALD		M	042/01	
Pat. Addr.				
Date Collected	Date Entered	Date Reported		
10/10/03	10/11/03	10/11/03	0581	



Clinical Information	
Fasting: N	
Physician ID	Patient ID
BEAM H	10924-052
FEDERAL CORRECTIONAL INSTITUTE 37806845	
MCKEAN COUNTY	
RT 59 & BIG SHANTY ROAD	
LEWIS RUN, PA 16738	
814-362-8900	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HEPATIC FUNCTION PANEL (7)					
Protein, Total, Serum	7.1		g/dL	6.0 - 8.5	CB
Albumin, Serum	4.1		g/dL	3.5 - 5.5	CB
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	CB
Bilirubin, Direct	0.15		mg/dL	0.00 - 0.40	CB
Alkaline Phosphatase, Serum	64		IU/L	25 - 150	CB
AST (SGOT)	69	H	IU/L	0 - 40	CB
This serum sample was in contact with the red cells when received. This may adversely affect serum Chemistries.					
ALT (SGPT)	115	H	IU/L	0 - 40	CB
BUN	15		mg/dL	5 - 26	CB
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	CB
BUN/Creatinine Ratio	15			8 - 27	CB

Lab: CB LABCORP DUBLIN

Director: ROSE GOODWIN, MD

6370 WILCOX ROAD DUBLIN, OH 43016-1296

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061  
Last Page of Report

S. Czekaj, MT  
S. Czekaj, Med Tech.

REVIEWED BY:

10/24/03

H. BEAM, MD  
FCI MCKEAN

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REPORT

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Report Date: 10/11/03 Report Time: 08:08 ET All Rights Reserved

000430

MOSHIER, DONALD

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS  
 Laboratory, 1900 W. Sunshine  
 SPRINGFIELD, MISSOURI 65808  
 (417) 862-7041

\*\*\* SENSITIVE-LIMITED OFFICIAL USE \*\*\*  
 FINAL REPORT

Register Number : 10924-052  
 Name : MOSHIER JR, DONALD  
 Location : MCK  
 Admit. Physician: BEAM, MD  
 Order. Physician: BEAM, MD  
 Collected : 02/12/04 @ 08:45  
 Age : 42yr  
 Sex : M  
 Accession Number : 1787

Test	Result	Flag	Reference Range/Units	Tech
<b>LIVER PROFILE</b>				
Urea Nitrogen	15		7 - 22 mg/dL	RS CK
Creatinine	1.0		0.6 - 1.6 mg/dL	RS CK
Total Protein	7.5		6.0 - 8.2 g/dL	RS CK
Albumin	4.0		3.6 - 5.1 g/dL	RS CK
Alkaline Phos.	63		41 - 133 U/L	RS CK
AST(SGOT)	68	HI	11 - 55 U/L	RS CK
LDH	397		354 - 705 U/L	RS CK
Total Bilirubin	0.40		0.20 - 1.30 mg/dL	RS CK
A/G Ratio	1.13		1.00 - 2.30	RS CK
Globulin	3.5		2.0 - 3.7 g/dL	RS CK
ALT1(SGPT)	115	HI	11 - 66 U/L	RS CK
Direct Bilirubin	0.30		0.00 - 0.50 mg/dL	RS CK
Gamma GT1	54		8 - 78 U/L	RS CK
Bilirubin Unconj	0.1		0.0 - 1.1 mg/dL	HS CK
Bun/Creat Ratio	15.8		5.0 - 30.0	RS CK
Bilirubin Conjug	0.00		0.00 - 0.30 mg/dL	RS CK

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : MOSHIER JR, DONALD  
 Register Number : 10924-052  
 Printed : 02/13/2004 @ 16:28

*S. Czeka*  
 S. Czeka, Med Tech.

Location : MCK  
 Page : 1 of 1

000431



U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS  
 Laboratory, 1900 W. Sunshine  
 SPRINGFIELD, MISSOURI 65808  
 (417) 862-7041

\*\*\* SENSITIVE-LIMITED OFFICIAL USE \*\*\*  
 FINAL REPORT

Register Number : 10924-052  
 Name : MOSHIER JR, DONALD  
 Location : MCK  
 Admit. Physician: BEAM, MD  
 Order. Physician: BEAM, MD  
 Collected : 05/12/04 @ 06:20 by: REFE  
 Age : 42yr  
 Sex : M  
 Accession Number : 8912

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.	Fasting			TC
LTPID TESTING				
LIVER PROFILE				
Glucose	177	HI	70 - 110 mg/dL	LN CK
Urea Nitrogen	12		7 - 22 mg/dL	LN CK
Creatinine	1.0		0.6 - 1.6 mg/dL	LN CK
Total Protein	7.4		6.0 - 8.2 g/dL	LN CK
Albumin	3.8		3.6 - 5.1 g/dL	LN CK
Alkaline Phos.	68		41 - 133 U/L	LN CK
AST (SGOT)	93	HI	11 - 55 U/L	LN CK
LDH	400		354 - 705 U/L	LN CK
Total Bilirubin	0.60		0.20 - 1.30 mg/dL	LN CK
Cholesterol	114	LO	140 - 200 mg/dL	LN CK
Triglycerides	169		30 - 200 mg/dL	LN CK
A/G Ratio	1.04		1.00 - 2.30	LN CK
Globulin	3.6		2.0 - 3.7 g/dL	LN CK
ALT1 (SGPT)	129	HI	11 - 66 U/L	LN CK
Direct Bilirubin	0.20		0.00 - 0.50 mg/dL	LN CK
Gamma GT1	54		8 - 78 U/L	LN CK
Bilirubin Unconj	0.4		0.0 - 1.1 mg/dL	HS CK
Bun/Creat Ratio	12.0		5.0 - 30.0	LN CK
HDL-Cholesterol	22	LO	29 - 67 mg/dL	LN CK
Other factors critical to assessment of CHD risk - Overweight, Blood Pressure, Smoking and Familial History.				
VLDL	34		mg/dL	HS CK
LDL Cholesterol	58	LO	62 - 130 mg/dL	HS CK
Chol/HDL Ratio	5.2	HI	3.4 - 5.0	HS CK
Glycohemoglobin	4.9		4.3 - 6.3 %A1C	LN CK
Bilirubin Conjug	0.00		0.00 - 0.30 mg/dl	LN CK

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : MOSHIER JR, DONALD  
 Register Number : 10924-052  
 Printed : 05/13/2004 @ 17:06

Location : MCK  
 Page : 1 of 1

000432

**LabCorp** LabCorp Dublin  
6370 Wilcox Road  
Dublin, OH 43016-1296

Phone: 614-889-1061

Patient Name <b>MOSHIER, DONALD</b>				Patient ID <b>10924 052</b>
Sex M	Date of Birth 08/18/61	Age (Y/M/D) 42/11/01	Fasting	Patient Phone
Additional Information				
Date and Time Collected 07/19/04 08:15		Total Volume	Date and Time Reported 07/27/04 15:11 ET	

Specimen Number <b>201-844-1529-0</b>	Account Number <b>37806845</b>	Control Number <b>AK537806845</b>
Physician Name <i>Dr. Beam</i>		Physician ID <b>BEAM</b>
Account Federal Correctional Institute McKean County Rt 59 & Big Shanty Road Lewis Run PA 16738 814-362-8900		00

Tests Ordered

Hepatitis C Virus Genotyping

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL LAB
Hepatitis C Virus Genotyping				
Hepatitis C Genotype	3e			See Note TG

This assay can detect the six (6) major HCV Genotypes and their most common subtypes.

Several clinical studies have demonstrated that Genotype 1 HCV may be more refractory to interferon monotherapy as well as to interferon plus ribavirin combination therapy. Sustained response rates are increased for Genotype 1 infected patients when therapy is given for 48 weeks instead of 24 weeks.

Please note:

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin 6370 Wilcox Road, Dublin, OH 43016-1296	Dir: Rose Goodwin, MD
TG: LabCorp RTP 1912 Alexander Drive, RTP, NC 27709	Dir: Myla Lai-Goldman, MD
For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061	

*S. Czeka, mt*  
S. Czeka, Med Tech.

REVIEWED BY  
7/27/04

H. BEAM, MD  
FCI MCKEAN

MOSHIER, DONALD	10924 052	201-844-1529-0	Seq # 1081
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FINAL REPORT

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000433

**ST. JOHN'S REGIONAL HEALTH CENTER**  
1235 E. Cherokee ~ Springfield, Mo. 65804

**CLINICAL LABORATORY**

**Periodic**

Name: **MOSHIER, DONALD**  
SJRHC MRN: J0003117849 **10924-052**  
Birthdate: 08/18/1961  
Age / Sex: 42 Years Male  
Pt. Fin No: 420301408

Client: St. John's Regional Health Center  
Location: MC SensitiveLOU  
Order Physician:  
Copy To:  
Admit Physician: Federal Medical Center, 000-00-9999

**CHEMISTRY**

**General Chemistry**

Collection Date 07/19/2004  
Time 08:10

Test Name		Reference Range	Units
Ferritin	180.0	[17.9-464.0]	ng/mL

07/19/2004 08:10:00 Ferr:  
WARD MCK  
ACCT # 5287  
INMATE # 10924-052

*S. Czeka, mt*  
S. Czeka, Med Tech.

C Critical Result  
\* Abnormal Text Result  
@ Corrected Result  
^ Footnote / Result Comment

**Periodic**

REVIEWED BY

*10/29/04*  
*7/29/04*  
BEAM, MD  
MCKEAN

Printed: 07/22/04 05:05  
Page 1 of 1

000434

*OK*  
*7/22/04*



LabCorp Dublin  
 6370 Wilcox Road  
 Dublin, OH 43016-1296

Phone: 614-889-1061

Patient Name <b>MOSHIER, DONALD</b>				Patient ID <b>10924 052</b>	
Sex <b>M</b>	Date of Birth <b>08/18/61</b>	Age (Y/M/D) <b>42/11/01</b>	Fasting	Patient Phone	
Additional Information					
Date and Time Collected <b>07/19/04 08:15</b>		Total Volume	Date and Time Reported <b>07/24/04 08:06 ET</b>		

Specimen Number <b>201-844-1526-0</b>	Account Number <b>37806845</b>	Control Number <b>AK437806845</b>
Physician Name <i>Dr. Beam</i>		Physician ID <b>BEAM</b>
Account <b>Federal Correctional Institute 00</b> <b>McKean County</b> <b>Rt 59 &amp; Big Shanty Road</b> <b>Lewis Run PA 16738</b> <b>814-362-8900</b>		

Tests Ordered

**HCV QuantaSure Plus(Non-Graph)**

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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**HCV QuantaSure Plus(Non-Graph)**

International Units

7,270,000

IU/mL

TG

TG

Please note:

This test measures HCV RNA using real-time Polymerase Chain Reaction (PCR) technology. The assay was developed and its performance characteristics were determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin 6370 Wilcox Road, Dublin, OH 43016-1296	Dir: Rose Goodwin, MD
TG: LabCorp RTP 1912 Alexander Drive, RTP, NC 27709	Dir: Myla Lai-Goldman, MD
For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061	

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7/26/04 11:03

*S. Czokai*  
 S. Czokai, Med Tech.

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*[Signature]*  
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 H. BEAM, MD  
 FCI MCKEAN

MOSHIER, DONALD	10924 052	201-844-1526-0	Seq # 1073
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FINAL REPORT

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